

## HUB Subcontracting Plan (HSP) Prime Contractor Progress Assessment Report

Contract/Requisition/Purchase Order #:		Date of Award:		Object Code:	
		•	(mm/dd/yyyy)	- · -	(Agency Use Only
ontracting Agency/University Name:	(Actual Customer Name)				
Contractor (Company) Name:			State of Texas VID #:		
Point of Contact:			Phone #:		
Reporting (Month) Period:					
	UB <u>and</u> Noi			<del>-</del>	
Subcontractor's Name	Subcontractor's VID or HUB Certificate Number	Total Contract \$ Amount from HSP with Subcontractor	Total \$ Amount Paid This Period to Subcontractor	Total Contract \$ Amount Paid to Date to Subcontractor	Object Code
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